

|  |  |  |
| --- | --- | --- |
|  | Revenues & Benefits  P O Box 4749  SHREWSBURY  SY1 9GH | |
| Contact:  Direct Line:  Email:  Ref:  Date: | Welfare Reform and Support Team  0345 678 9078  localsupport@shropshire.gov.uk |

Dear

**Local Support and Prevention Fund (LSPF) - Application Form**

Please make sure that you provide as much information as you can to explain your circumstances, especially money that you are having to pay out and why this is. This will help us to make a fair decision on your application.

If you have a support worker, please let them know that you are making an application. You may want to ask your support worker to help you with the form or they may want to provide you with a letter to support your application.

The Local Support and Prevention Fund can help provide essential items or costs where you are unable to budget or plan to meet the cost yourself. **Please note some items we arrange to supply may be previously used**. The LSPF can also help in emergencies to provide basic living essentials such as food, gas and electricity.

Our aims are to;

* Support vulnerable people to live in the community;
* Help people through family crises or difficult life events.

We will need to know how you have come to be in crisis or why you have been unable to budget to pay for the items you need. We may advise you to take some actions in order to avoid needing to apply to the LSPF in the future.

We may refuse to offer help through the LSPF if;

* We believe that you have failed to take reasonable action to avoid a crisis situation.
* You have failed to take reasonable/adequate steps to plan for purchases.
* You are making a repeat application (for the same items/reasons).
* You have failed to take the actions the LSPF team, Support Workers, or other Professional Advisors have advised you to take.

We will write and tell you the reasons for our decision.

If you have any queries, please contact the Welfare Reform and Support Team on 0345 678 9078. When you contact us, please quote your claim reference number as this will help us provide a more efficient service.

Yours sincerely,

Lucy Simpson

Welfare Reform and Face to Face Operations Manager

Shropshire Council

**Application for Local Support and Prevention Fund Assistance**

|  |  |
| --- | --- |
| **For office use** | Reference No: \*Auto populate\* |
| Date of issue: 21 July 2016 | Date received: |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **About you** | | | | | | | | | | | | | |
| **Forenames** | |  | | | | **Surname** | | |  | | | | |
| **Date of Birth** | |  | | | | **National ins no.** | | |  | | | | |
| **Address** | |  | | | | | | | | | | | |
| **Post Code** | |  | | | | **Email address** | | |  | | | | |
| **Home phone** | |  | | | | **Mobile Phone** | | |  | | | | |
|  | | | | | | | | | | | | | |
| **About your Partner (if applicable)** | | | | | | | | | | | | | |
| **Their Name** | | | | **Date of Birth** | | | | **National Insurance number** | | | | | |
|  | | | |  | | | |  | | | | | |
|  | | | |  | | | |  | | | | | |
| **People who live with you** | | | | | | | | | | | | | |
| **Please tell us about the other people who live in your household;** | | | | | | | | | | | | | |
| **Their Name** | | | | **Date of Birth** | | | | **Relationship to You** | | | | | |
|  | | | |  | | | |  | | | | | |
|  | | | |  | | | |  | | | | | |
|  | | | |  | | | |  | | | | | |
|  | | | |  | | | |  | | | | | |
|  | | | |  | | | |  | | | | | |
|  | | | |  | | | |  | | | | | |
|  | | | |  | | | |  | | | | | |
|  | | | |  | | | |  | | | | | |
| **If you need more space please continue on a separate sheet of paper.** | | | | | | | | | | | | | |
| **About health issues** | | | | | | | | | | | | | |
| **Do you or anybody who lives with you have any physical or mental health problems, disabilities or special needs?** | | | | | | | | | | **Yes** |  | **No** |  |
| If **“YES”** please give details below; | | |  |  |  | |  |  | |  |  |  |  |
|  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Are you or anyone else living with you pregnant?** | | | | | | | | | | **Yes** |  | **No** |  |
| If **“Yes”** who is pregnant? |  | | | | | | **On what date is the baby due?** | | | |  | | |
|  | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **If you are getting help or support** | | | | | | | | | | | | | | | |
| **Do you have a support worker?** | | | | **Yes** |  | **No** |  | If “Yes” give details below | | | | | | | |
| **What is your support worker’s name?** | | | | |  | | | | | | | | | | |
| **Which organisation do they work for?** | | | | |  | | | | | | | | | | |
| **Please provide their contact number:** | | | | |  | | | | | | | | | | |
| **Has your support worker assisted you to complete this form?** | | | | | | | | **Yes** | |  | | **No** | |  | |
| **Has your support worker provided you with budgeting advice?** | | | | | | | | **Yes** | |  | | **No** | |  | |
| **Has your support worker checked that you are receiving your correct benefit and tax credit entitlement?** | | | | | | | | **Yes** | |  | | **No** | |  | |
|  | | | | | | | | | | | | | | | |
| **Where you live** | | | | | | | | | | | | | | | |
| **Please tell us about your current accommodation, are you;** | | | | | | | | | | | | | | | |
| **Owner occupier** | |  | **In temporary housing** | | |  | **Living with friends/family** | | | | | | |  | |
| **Homeless** | |  | **Renting;** |  | **name of landlord** | | |  | | | | | | | |
| **Are you moving out of;** | | | | | | | | | | | | | | | |
| **Prison** | |  | **A care home/facility** | | |  | **Long term hospitalisation** | | | | | | |  | |
| **Name of establishment/institution** | | | |  | | | | | | | | | | | |
| **Address** |  | | | | | | | Post code | | | |  | | | |
| **What date were you or do you expect to be released or discharged?** | | | | | | | | |  | | | | | | |
|  | | | | | | | | | |  | | | | | |
|  | | | | | | | | | | | | | | | |
| **Other sources of help** | | | | | | | | | | | | | | | |
| **Have you applied to the DWP Social Fund for a Budgeting Loan?** | | | | | | | | | **Yes** | |  | | **No** | |  |
| **If you are unable to obtain a budgeting loan or have not yet approached the DWP please explain why below:** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **Have you asked your friends and family if they can help you?** | | | | | | | | | **Yes** | |  | | **No** | |  |
| **Please explain what help you have been able to obtain from your friends and family?** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **Please explain what other actions you have taken to obtain the help you need before making this application, and why you have been unable to budget to meet your needs without our support.** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |

|  |
| --- |
| **Income** |
| **Tell us about all the income you and your partner receive and how often it is paid. We will use information already held by Shropshire Council, the DWP and HMRC to verify the information you have provided.**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Income Type** | **Weekly** | **Fortnightly** | **4 Weekly** | **Monthly** | | Your Earnings | £ | £ | £ | £ | | Your Partners Earnings | £ | £ | £ | £ | | Income Support | £ | £ | £ | £ | | Job Seekers Allowance | £ | £ | £ | £ | | Employment and Support Allowance | £ | £ | £ | £ | | Universal Credit Personal Element | £ | £ | £ | £ | | Universal Credit Housing Element | £ | £ | £ | £ | | Statutory Sick Pay | £ | £ | £ | £ | | Maternity Pay | £ | £ | £ | £ | | Working Tax Credit | £ | £ | £ | £ | | Child Tax Credit | £ | £ | £ | £ | | Child Benefit | £ | £ | £ | £ | | Child Maintenance | £ | £ | £ | £ | | Board From a Family Member | £ | £ | £ | £ | | Board from Lodger | £ | £ | £ | £ | | Attendance Allowance | £ | £ | £ | £ | | PIP Living or DLA Care | £ | £ | £ | £ | | PIP or DLA Mobility | £ | £ | £ | £ | | Industrial Injuries Disablement Benefit | £ | £ | £ | £ | | State Retirement Pension | £ | £ | £ | £ | | Pension Credit | £ | £ | £ | £ | | Private Pension | £ | £ | £ | £ | | War Pension | £ | £ | £ | £ | | Other Income: | £ | £ | £ | £ | |  | £ | £ | £ | £ | |  | £ | £ | £ | £ | |  | £ | £ | £ | £ | | **TOTAL** | **£** | **£** | **£** | **£** | |

|  |
| --- |
| **Income (continued)** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Have you opted to use your DLA or PIP mobility to obtain a Motability Vehicle?** | **Yes No** | | | | | |
|  |  | | | | | |
| **Do you have a non-dependant living in your household?** | | **Yes** |  | **No** |  | |
| (By non-dependant we mean a person over the age of 16 who you do not claim benefit for) | | | | | | |
| **How much money do they give you for board ?** | |  | | | |  |
| **If the don’t pay board, please explain why:** | | | | | | |
|  | | | | | | |
| **Can you ask them to increase the amount they give you?** | | **Yes** |  | **No** |  | |
| If **“NO”** please explain why not: | | | | | | |
|  | | | | | | |
|  | | | | | | |

|  |  |  |
| --- | --- | --- |
| **Savings and capital** | | |
| **Please tell us about any capital you and your partner hold, even if you have a zero balance or are overdrawn** (This includes money held in current accounts and post office card accounts) | | |
| **Type of account/capital** | **Account number** | **Balance (at date of claim)** |
|  |  | **£** |
|  |  | **£** |
|  |  | **£** |
| **Please send us statements for all the accounts you and your partner own showing (at least) the last 2 months transactions and balances** (photocopies will not be accepted). | | |

|  |
| --- |
| **Please explain any large withdrawals from your bank accounts below** |
|  |

|  |
| --- |
| **Expenditure** |

**Please tell us about the money you regularly pay out.** (If we feel that you have used a figure that is unrealistic we may choose to reduce it to a lower figure or request evidence to verify this)

|  |  |  |  |
| --- | --- | --- | --- |
| **Expenditure Type** | **Weekly** | **Fortnightly** | **Monthly** |
| Rent | £ | £ | £ |
| Water | £ | £ | £ |
| Electricity | £ | £ | £ |
| Gas / Heating Oil | £ | £ | £ |
| TV License | £ | £ | £ |
| TV Subscription | £ | £ | £ |
| Home Telephone | £ | £ | £ |
| Mobile Telephone | £ | £ | £ |
| Internet | £ | £ | £ |
| Food and Housekeeping | £ | £ | £ |
| Meals at Work | £ | £ | £ |
| Home Insurance | £ | £ | £ |
| Life Insurance | £ | £ | £ |
| Public Transport | £ | £ | £ |
| Car MOT | £ | £ | £ |
| Car Tax | £ | £ | £ |
| Car Insurance | £ | £ | £ |
| Petrol / Diesel | £ | £ | £ |
| Clothing and Shoes | £ | £ | £ |
| Pet Food (please state what pets you have) | £ | £ | £ |
| Pet Insurance | £ | £ | £ |
| Child Maintenance Payments | £ | £ | £ |
| State any expenditure related to **Child Care** below: |  |  |  |
|  | £ | £ | £ |
|  | £ | £ | £ |
| State any expenditure related to **Disability** below: |  |  |  |
|  | £ | £ | £ |
|  | £ | £ | £ |
| State any **other** expenditure below: |  |  |  |
|  | £ | £ | £ |
|  | £ | £ | £ |
|  | £ | £ | £ |
| **Total** | **£** | **£** | **£** |

|  |
| --- |
| **Outstanding debts** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Debt** | **Nothing Paid at Present** | **Weekly** | **Fortnightly** | **Monthly** | **Balance Outstanding** |
| Credit Card |  | £ | £ | £ | £ |
| Loans |  | £ | £ | £ | £ |
| Hire Purchase |  | £ | £ | £ | £ |
| Catalogue |  | £ | £ | £ | £ |
| Social Fund Loan |  | £ | £ | £ | £ |
| Benefit Overpayment |  | £ | £ | £ | £ |
| Tax Credit Overpayment |  | £ | £ | £ | £ |
| Court Fines |  | £ | £ | £ | £ |
| Rent Arrears |  | £ | £ | £ | £ |
| Council Tax Arrears |  | £ | £ | £ | £ |
|  |  | £ | £ | £ | £ |
| **Total** |  | **£** | **£** | **£** | **£** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Have you approached any of your creditors to ask them if they can reduce or suspend your repayments?** | **Yes** |  | **No** |  |
| If **“Yes”** please tell what was the result? | | | | |
| **Have you engaged with debt advice services in order to clear or to re-structure your debts?** | **Yes** |  | **No** |  |
| If **“Yes”** please tell us who with and the result?  *If you have not spoken to your creditors or sought independent debt advice you may be asked to do so as part of any DHP decision.* | | | | |

|  |
| --- |
| **Contracted Expenditure** |

**Please tell us if any of your stated expenditure is under contract and when it expires.**

|  |  |  |
| --- | --- | --- |
| **Contracted Expenditure Type** | **Company Contracted to** | **Contract Expiry Date** |
| Home Telephone |  |  |
| Mobile Telephone |  |  |
| Internet |  |  |
| TV Subscription |  |  |
| State any other contracted expenditure below: |  |  |
|  |  |  |
|  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **If you are asking for help with travel** | | | | | | | | | | | | |
| **Are you applying for help with travelling costs?** | | | | | | | | **Yes** | |  | **No** |  |
| **Please explain what travel costs you need help with and why?** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **If you have special needs which mean you cannot access public transport please give details below:** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **If you are applying for help with cost to travel to a funeral please provide the details;** | | | | | | | | | | | | |
| **Name of the deceased person** | | | | |  | | | | | | | |
| **Your relationship to the deceased person** | | | | |  | | | | | | | |
| **Location of the funeral service (town)** | | | | |  | | | | | | | |
| **Name of the church or crematorium where the service is being held** | | | | |  | | | | | | | |
| **Date of the funeral service** | | | | |  | | | | | | | |
| **Please note:**  **We will only consider paying for essential or emergency travel costs where you do not have time and cannot reasonably budget to meet the cost out of your normal income.** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **If you are moving to a new address** | | | | | | | | | | | | |
| **If you are moving to a new address, please tell us why you need to move at this time;** | | | | | | | | | | | | |
| **Please explain why you need help, and what help your friends and family can provide;** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Is your rent account in arrears?** | **Yes** |  | **No** |  | | **How much do you owe?** | | | **£** | | | |
| **Are you being evicted?** | **Yes** |  | **No** |  | | **Date of eviction** | | |  | | | |
| **What date are you intending to move to your new address?** | | | | | | |  | | | | | |
| **From what date did you know you would need to move?** | | | | | | |  | | | | | |
| **How much money have you managed to save towards the move?** | | | | | | | | | **£** | | | |
| **Please list any items you have manged to buy in preparation for your move or if you have not saved to prepare for your move, please confirm why;** | | | | | | | | |  | | | |
|  | | | | | | | | | | | | |
| **If you need help with removal costs you will need to complete a Discretionary Housing Payment application form.** | | | | | | | | | | | | |

|  |  |  |
| --- | --- | --- |
| **What help are you applying for?** | | |
| **Please use this section to tell us why you are applying for help and what you need.**  For replacement of broken items, please explain it what way it is broken, when it broke and how you have been managing without the item.  Otherwise please explain how long you have known you would need the item and what you have done to obtain the item without help from the Local Support and Prevention Fund. | | |
| **Item type** | **Who is the item for?** | **Why do you need the item and how have you coped without it?** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Please note:**  If we are able to help provide the items you are requesting we normally source the items from local furniture schemes, these may be new or used depending on availability.  We only consider awarding items which we class as being essential, immediately required, and where no other means of obtaining the items exists, and where budgeting is not possible. | | |
| **Flooring:**  If you need help to purchase flooring, please explain what you need and why you need it. Please note that we only consider helping towards flooring for essential rooms. Please contact the team on 03456 789078 for guidance on what rooms may be considered. If you ask for help towards the cost of carpeting, we can only provide help towards this if we can establish that there is an increased risk of falling due to disability or you have children under 3. You will need to provide TWO quotes with this application. It is your own responsibility to ensure that the quotes you provide are for **suitable** flooring. The quotes will need to be at the most cost effective price. If you are asking for help towards carpeting, we do not contribute towards the cost of underlay. The company you use should be willing to invoice Shropshire Council LSPF directly after fitting. **IMPORTANT:** If we decide to provide help from the Local Support and Prevention Fund to pay towards any flooring, the arrangement is for payment only. If there are any issues with the flooring after fitting, you will need to address this yourself with the relevant company. | | |
|  | | |
|  | | |

|  |
| --- |
| **Reason for application / Other information**  Please give full details regarding why you need this support and provide us with any other information you would like to support your application. Continue on a separate sheet if required.  *(I note that where the Welfare Reform and Support Team establish that I can receive help from an alternative scheme, I may be advised to request help from that scheme).* |
|  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Declaration** | | | | | | |
| I the undersigned have read and understood the following and hereby declare that;   * The information given on this form is full, correct and complete and that if I knowingly provide incorrect or incomplete information, I may be liable to prosecution or other action under the Social Security Administration (Fraud) Act 1992. * I will inform Shropshire Council of any information that may affect the outcome of my application after I have made it. If I do not, I may have to pay some or all of the award back. * I understand that Shropshire Council will use the information provided in my Housing Benefit/Council Tax Support application when considering an award. * I understand that Shropshire Council may share the information on this form or make enquiries with other government organisations and interested third parties to assist with my welfare, if the law allows. * I understand that Shropshire Council may contact these organisations to gather or share information to help make a decision on my application and to prevent fraud. * I understand that if someone else has helped me to complete my form, Shropshire Council may contact that person to gather additional information. * I agree that Shropshire Council will contact my support worker if I have one, to gather any other relevant information that will help them make a decision on my application, and may inform them of the LSPF decision, recommendations attached to the decision and any other information deemed to be relevant in my case, and hereby give my permission. * I understand that if Shropshire Council believe I will benefit from support, they will refer me for assistance from the support organisation SUSTAIN or from Shropshire Support Partnership. * I understand that Shropshire Council reserve the right to assume a reduced expense figure if they feel the expenditure I have stated is significantly high. * I understand that where I have requested help towards the payment of flooring, this will be for payment only and I will need to address any resulting problems directly with the relevant company. * I understand that where I have requested help with food or furniture, my name, address and contact details will be passed to the food bank or furniture scheme that provides me with support. | | | | | | |
| Signatures: | | | | | | |
| Customer | Date | | | Partner | | Date |
|  | | |  |
| **To be completed by your Support Worker if assisting to complete this form:** | | | | | | |
| I have assisted the applicant to complete the form with details they have provided.  I declare that as far as possible I have confirmed with the applicant that the information I have written on this form is correct. | | | | | | |
| Name | | | Signature | | | Date |
|  | | |  | | |  |
|  | | | | | | |
| **Authority to discuss.** | | | | | | |
| I the undersigned hereby give permission for Shropshire Council’s Welfare Reform team to discuss my Local Support and Prevention Fund application with the following person/organisation. | | | | | | |
| Name: | | Organisation/Relationship: | | | Contact number: | |
| Address: | | | | | | |
| Signatures: | | | | | | |
| Customer | Date | | | Partner | | Date |
|  | | |  |